

CA DEPARTMENT OF EDUCATION

"SCHOOL'S IN"

August 8 –10, 2000 -- Sacramento Convention Center

Hotel room reservations are being handled by the Sacramento Convention & Visitors Bureau (Bureau). Please note: phone reservations **ARE NOT** accepted. Deadline for receipt of mail or fax reservations is **July 7, 2000**. If paying by check, include a \$60 deposit per room or guarantee reservations with a major credit card. **Purchase orders are NOT ACCEPTED!** If you are making more than one reservation, please make copies of this form and submit **a separate form for each reservation**. A "reservation acknowledgment" will be mailed out for each reservation made by the Bureau. If you have any questions, you may call us at (916) 264-7617, Mon-Fri, 8:00am - 5:00 p.m.

The Bureau is not responsible for reservations made directly with the hotels. Deposits are refundable only with a 48-hour cancellation notice made to the hotel.

HOTEL	SINGLE 1 BED/1 PERSON	DOUBLE 1 BED/2 PEOPLE	DOUBLE/DOUBLE 2 BEDS/2 PEOPLE	TRIPLE 2 BEDS/3 PEOPLE	QUAD 2 BEDS/4 PEOPLE
Best Western Sutter House	\$81	\$81	\$91	\$91	\$91
Delta King	\$84	\$84	N/A	N/A	N/A
Hawthorn Suites	\$89	\$99	N/A	\$109	\$129
Hilton Hotel	\$84	\$94	N/A	\$104	\$114
Holiday Inn Capitol Plaza	\$85	\$95	N/A	N/A	N/A
Hyatt Regency	\$109	\$134	N/A	\$159	\$184
La Quinta Inn	\$79	\$79	N/A	\$79	\$79
Quality Inn	\$65	\$65	\$75	\$75	\$75
Radisson	\$95	\$95	N/A	N/A	N/A
Red Lion Sacramento Inn	\$79	\$79	\$89	\$99	\$109

THE ABOVE RATES ARE PER ROOM, PER NIGHT AND DO NOT INCLUDE 12% ROOM TAX

NAME: _____ SCHOOL/COMPANY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ - _____
 DAY PHONE: _____ FAX NUMBER: _____
 LIST NAME(S) OF ALL ROOM OCCUPANTS: 1. _____ 2. _____
 3. _____ 4. _____

Room assignments are entered on a first come, first served basis. Please mark hotels in order of choice: First (1) to last (10), to the right of the hotel name. If your first choice is not available, we will place you at your next choice. If you do not indicate alternate choices, we will automatically assign you to the next available hotel.

Best Western Sutter House _____ Hawthorn Suites _____ Hilton _____
 Holiday Inn Capitol Plaza _____ Hyatt Regency _____ Quality Inn _____
 Delta King _____ La Quinta _____ Radisson _____ Red Lion Sacramento Inn _____

Type of room desired: Single ☐ Double ☐ Double/Double ☐ Triple ☐ Quad ☐

Arrival Date: _____ Approx Arrival Time: _____ Departure Date: _____

Special Hotel Needs (i.e., handicapped room/non smoking): _____

FOR CREDIT CARD DEPOSITS - Major credit cards are **accepted as a guarantee only**.

Please mail this form to the address below or FAX to (916) 264-8964 ATTN: Housing Department – EDUC00

Visa ☐ Mastercard ☐ American Express ☐ Other ☐: _____ Acct #: _____ Exp. Date: _____

 Name as it appears on card

 Signature of Cardholder

For check deposits, mail this form to: Sacramento Convention & Visitors Bureau, ATTN: Housing Dept –EDUC00, 1303 "J" Street, Suite 600, Sacramento, CA 95814-3929. Checks should be made payable to SACRAMENTO CONVENTION AND VISITORS BUREAU.

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